



REVIEWER NAME:	SITE NAME:	DATE:

STANDARD 1	EVIDENCE		CE
LEVEL 1 (criteria on page 9)	YES	NO	NI*
Team members are identified and meetings are started			
▶ Roles and responsibilities of team members are identified			
▶ Required team composition (primary care provider, RN and RD minimum) is in place			
Diabetes Registry is in place			
► Standard data guidelines used			
Annual update process is identified			
Administration considers diabetes education program within the organizational structure			
Program manual started, including (at a minimum):			
General description of the education program			
▶ Policies			
► Mission statement			
Goals and annual plan			
Organizational chart			
► Team member roles and responsibilities			
► Education program structure			
▶ Forms			
Written statements documenting:			
► Team approach is integral component of diabetes education			
Administrative commitment and support for team meetings, diabetes education instructors/staff, instructional time, preparation, implementation and evaluation			
► Tribal commitment and support for diabetes education program			
Evidence includes position descriptions, team meeting minutes, registry, organizational chart, program policies and program manual			

	LEVEL 2 (criteria on page 11)	YES	NO	NI*
	Team meets on a quarterly basis at a minimum			
	Team meetings are documented			
	► Team discusses and tracks diabetes education issues			
	► Team coordinates with appropriate departments			
♦	Diabetes team uses registry for annual planning			
	Organizational chart shows placement of diabetes education program in facility			
	Program manual			
♦	Content (noted in Level 1) is completed			
♦	Signed by the appropriate personnel/department			
♦	► There is a process in place for manual review and update			
	Approval mechanism is documented for program and policy change			
	Evidence includes team meeting minutes, position descriptions, interdepartmental meetings			
	and communications, registry, program policies, organizational chart and program manual			

*NI = No Information (see Reviewers Instructions)

^{◆ =} Evidence for these criteria verified at random site audit

Notes/Co	mments:		

REVIEWER NAME:	SITE NAME:	DATE:

STANDARD 1	EV	IDEN	CE
LEVEL 3 (criteria on page 13)	YES	NO	NI*
Team membership is expanded to include clinical, educational, public health and community representatives			
There is a coordinated approach to diabetes management and education			
There is documentation of integration of diabetes education and medical standards of care			
Diabetes Registry is expanded to include general registry and complications. Other registries are developed to help track target populations (LI, ESRD, HTN, gestational, etc.)			
Organizational chart shows placement of diabetes program in the organizational structure of the facility			
Program manual is expanded to describe educational and clinical components for diabetes prevention and management			
 Manual also includes written statements regarding: Team commitment to National Standards for DSME and IHS Standards of Care for Patients with Type 2 Diabetes 			
Administrative commitment to National Standards for DSME and IHS Standards of Care for Patients with Type 2 Diabetes			
Tribal commitment to address diabetes prevention and management			
Evidence includes team meeting minutes, program policies, program manual, curricula and lesson plans, patient education records, registries and organizational chart			

STANDARD 2		EVIDENCE		
LEVEL 1 (criteria on page 15)	YES	NO	NI*	
Tasks needed to develop the education program are identified				
Target population and its educational needs are identified				
Community assessment for diabetes education needs completed				
Diabetes education program goals and objectives are identified				
Diabetes education resource assessment completed				
Evidence includes written community and resource assessments, task timelines, written description of target population, annual program plan and advisory body(s) minutes				

LEVEL 2 (criteria on page 15)	YES	NO	NI*
Progress toward meeting diabetes education program goals and objectives is evaluated annually			
Resources sufficient to meet program goals and objectives continue to be identified and provided			
Services meet needs of target population			
Consumer access to education program is defined and documented			
Evidence includes advisory body(s) meeting minutes, annual program plan, annual program evaluation and program policies			

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STANDARD 2	EVIDENCE		
LEVEL 3 (criteria on page 17)	YES	NO	NI*
Diabetes prevention and control services are considered at primary, secondary and tertiary prevention levels and continue to meet the needs of the target population			
Program goals and objectives are expanded to include community and clinical-based diabetes prevention and management			
Goals and objectives are based on expanded community assessment (such as audits, community forums, surveys, etc.) and include community and clinical-based diabetes prevention and management			
Resources for integrated diabetes program continue to be identified and provided			
Access to programs and services is further defined and documented			
Evidence includes advisory body(s) meeting minutes, annual program plan, annual program evaluation and program policies			

STANDARD 3		EVIDENCE		
LEVEL 1 (criteria on page 19)	YES	NO	NI*	
Advisory body(s) identified				
Communication is documented				
► Composition includes medical/educational and community/consumer at a minimum				
Evidence includes advisory body(s) meeting minutes and program policies				

LEVEL 2 (criteria on page 19)	YES	NO	NI*
There is a process that provides community and other advisory member input into the education program, including curricula and annual program plan, at least annually			
Evidence includes advisory body(s) meeting minutes and program policies			

LEVEL 3 (criteria on page 19)	YES	NO	NI*
The advisory body reviews and provides input annually to the diabetes program on curriculum, annual program plan and audit results			
There is evidence that policy recommendations have been forwarded to the administrative unit for approval			
Evidence includes advisory body(s) meeting minutes and program policies			

STANDARD 4	EV	IDEN	CE
LEVEL 1 (criteria on page 21)	YES	NO	NI*
Coordinator is identified			
Coordinator is a credentialed health professional			
 Appropriate education and experience is documented 			
Responsibilities and line of authority are documented			
Evidence includes position description, curriculum vitae, continuing education records,			
licenses and credentials			.

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REVIEWER NAME:	SITE NAME:	[DATE:

	STANDARD 4	EV	IDEN	CE
	LEVEL 2 (criteria on page 21)	YES	NO	NI*
	The coordinator manages educational team efforts, including program planning, implementation and evaluation			
	The coordinator acts as diabetes education liaison between team members, departments or programs, and the community			
♦	Coordinator's position description and annual employee evaluation reflect roles and responsibilities			
	Coordinator documents CEU activity (minimum of 12 hours/2 years) in diabetes, educational principles or leadership/management)			
	Evidence includes position description, team meeting minutes, advisory body(s) meeting minutes, annual employee evaluation and continuing education records			

	LEVEL 3 (criteria on page 21)	YES	NO	NI*
	Coordinator is liaison between multidisciplinary team, programs and departments providing comprehensive diabetes services			
\	Coordinator's role expands to include managing the diabetes education program and being a leader or team member in clinical and/or community diabetes programming			
	Coordinator leads or helps with diabetes care and education outcome audits and diabetes surveillance system monitoring			
	Evidence includes position descriptions, team meeting minutes, advisory body(s) meeting minutes, annual employee evaluation and continuing education records			

STANDARD 5 EVID		IDEN	CE	
	LEVEL 1 (criteria on page 23)	YES	NO	NI*
	Instructional team members identified			
	Instructional team includes RN and RD minimum			
♦	Program manual documents instructional staff, credentials, roles and responsibilities			
	Evidence includes instructional team listing in program manual, program policies, position descriptions, curriculum vitae, continuing education records, licenses and credentials			

LEVEL 2 (criteria on page 23)	YES	NO	NI*
Instructors maintain diabetes education services for target population based on identified needs			
Instructors use a variety of teaching/learning methods			
There is evidence of instructor review and approval of education materials, teaching methods and activities			
Evidence includes curricula and lesson plans, community needs assessments and team meeting minutes			

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STANDARD 5	EV	IDEN	CE
LEVEL 3 (criteria on page 23)	YES	NO	NI*
Instructional team provides multifaceted diabetes education that includes integration of traditional and western methods of teaching/learning activities			
Evidence includes curricula and lesson plans, community needs assessments and team meeting minutes			

STANDARD 6	EV	IDEN	CE
LEVEL 1 (criteria on page 25)	YES	NO	NI*
Instructors have or are updating knowledge and skills in diabetes in American Indian/Alaska Native communities			
Instructors have knowledge, skills and abilities in behavioral interventions,			
teaching/learning and counseling/communication			
Evidence includes curriculum vitae, continuing education records, licenses and credentials			

LEVEL 2 (criteria on page 25)	YES	NO	NI*
Instructors document CEU activity (minimum of 12 hours/2 years) in diabetes management,			
behavioral interventions, teaching/learning skills and counseling skills			
Evidence includes continuing education records			

LEVEL 3 (criteria on page 25)	YES	NO	NI*
Team members participate in yearly diabetes management, behavioral interventions,			
teaching/learning/counseling skills workshops and in-service programs relevant to			
American Indian/Alaska Native (AI/AN) communities			
Evidence includes continuing education records			

STANDARD 7			EVIDENCE		
LEVEL 1 (criteria on page 27)			NI*		
Site uses approved IHS curriculum (indicate curriculum)					
Diabetes education curriculum identified and reviewed					
Curriculum meets community needs					
Curriculum includes written measurable learning objectives, content outline,					
instructional methods, materials and means of achieving objectives					
Content includes 10 content areas of National Standards					
Evidence includes written curricula and lesson plans					

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REVIEWER NAME: ______ SITE NAME: _____



_ DATE: _

STANDARD 7	EV	IDEN	CE
LEVEL 2 (criteria on page 27)	YES	NO	NI*
Curricula and educational resources are reviewed annually by instructional team for			
scientific accuracy and cultural relevancy			
New materials are field tested for relevancy and comprehension			
Intermediate and exicuted an executed basis (as assumed in the			

Interpreters are oriented on a regular basis (as appropriate) Evidence includes curricula, material review/revision dates, field testing summary, interpreter list and program policies

LEVEL 3 (criteria on page 27) YES NO NI* There is documentation of medical staff, public health staff and community participation in curricula review and adaptation Evidence includes curricula, material review/revision dates, field testing summary, interpreter list and program policies

STANDARD 8	EV	IDEN	CE
LEVEL 1 (criteria on page 29)	YES	NO	NI*
Instructional team develops an individualized needs assessment process			
Documentation includes relevant medical history, cultural influences, health beliefs and attitudes, diabetes knowledge/skill, readiness to learn, preferred learning method, family support and financial limitations			
Evidence includes documentation of a needs assessment form in the patient education record (medical record)			

	LEVEL 2 (criteria on page 29)			NI*
	Instructional team selects education intervention and materials based on individualized			
	needs assessment, education plan and reassessment			
♦	Educational assessment is individualized			
♦	► Learning objectives and educational plan are developed			
♦	Instructional team guides identification of behavioral objectives			
•	► Instructional team periodically reassesses individuals			
	Evidence includes documentation of education process in the patient education record			
	(medical record)			

LEVEL 3 (criteria on page 29)	YES	NO	NI*
Individual/family ongoing diabetes care needs are systematically addressed in case management or other organizational diabetes best practices			
Evidence includes documentation of education process in the patient education record (medical record)			

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⁼ Evidence for these criteria verified at random site audit

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REVIEWER NAME:	SITE NAME:	DATE: _		
STANDARD 9		ΕV	/IDEN	CE
	24\	YES	NO	
LEVEL 1 (criteria on p		159	NO	NI*
I	s are identified as part of the medical record			
-	re familiar with diabetes education codes (RPMS preferred)			
policies	nentation in patient education record (medical record) and program			
			ı	
LEVEL 2 (criteria on p	page 31)	YES	NO	NI*
	ssessment, planning, implementation and evaluation of I experience) is documented in the medical record			
Documentation of educat	ion shows collaboration among educational team			
Evidence includes docum (medical record)	nentation of education process in the patient education record			
LEVEL 3 (criteria on p	page 31)	YES	NO	NI*
Medical records contain i	information regarding an individual's diabetes education and clinical			
care				
	ted and updated on diabetes documentation and coding issues			
	services provided to community			
(medical record)	nentation of education process in the patient education record			
			'	
STANDARD 10		EV	/IDEN	CE
LEVEL 1 (criteria on p	page 33)	YES	NO	NI*
There is documentation of	of desired program outcomes			
A process is in place for e	evaluating consumer satisfaction			
Evidence includes adviso	ry body(s) meeting minutes, program policies, annual program			
plan, CQI plans/data repo	orts and consumer satisfaction survey/data/reports			
LEVEL 2 (criteria on p	page 33)	YES	NO	NI*

evaluation plan and program modifications

participation, setting, content and age

review and evaluation

annual evaluation summary

There is documentation of at least two clinical and one behavioral outcome indicators

There is documentation of appropriate advisory body review and input on outcomes,

Program records document, at a minimum, population served, types of service, length of

There is documentation that action is taken as a result of program evaluation and consumer

Evidence includes advisory body(s) meeting minutes, program policies, program manual and

Program evaluation design allows for pre and post program measures

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REVIEWER NAME:	SITE NAME:	DATE:

STANDARD 10		EVIDENCE		
LEVEL 3 (criteria on page 35)	YES	NO	NI*	
Medical records are reviewed annually using IHS Diabetes Care and Outcomes Audit or similar system				
Educational indicators are expanded/modified annually (within facility capability)				
Community based programs have an annual program evaluation or surveillance system in				
place				
CQI data are shared with established advisory body(s), appropriate tribal leaders,				
community diabetes prevention systems and tribal community				
Program evaluation/outcome results are used in annual program planning				
Evidence includes advisory body(s) meeting minutes, program policies, program manual and annual evaluation summary				

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